



California General Acute Care Hospitals
in Rural and Non-rural Areas
Selected Utilization and Financial Data
1996 and 1997

*Prepared by the
California Rural Health Policy Council Office
December 1998*

RURAL HEALTH POLICY COUNCIL

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December 30, 1998

Dear Colleague:

On behalf of the Rural Health Policy Council (RHPC), I am pleased to provide this report on *California General Acute Care Hospitals in Rural and Non-rural Areas Selected Utilization and Financial Data 1996 and 1997*.

The CRHPC is composed of six department directors from the Health and Welfare Agency. The departments are: Alcohol and Drug Programs, Emergency Medical Services Authority, Health Services, Managed Risk Medical Insurance Board, Mental Health, and the Office of Statewide Health Planning and Development.

The CRHPC is unique to California, and rather than create new bureaucracies, the CRHPC seeks to make the existing bureaucracy work better. It plays a key role in improving the access and responsiveness of state agencies, providing services, assisting providers, reducing duplication of services, addressing specific rural issues of an overarching nature, and promoting communication and collaboration among state agencies while helping to improve their understanding of rural needs.

This report is provided to assist our rural constituents with the latest information available on rural hospitals and how they compare with those hospitals in non-rural settings.

As always, we encourage your suggestions for improving this report and our services. If you have any questions or comments, you can call us at (800) 237-4492 or (916) 654-2991, fax us at (916) 654-2871, or email us at rhpc@oshpd.cahwnet.gov. You can also send us comments using the Feedback Form on our website at <http://www.ruralhealth.ca.gov/>. For additional information about the report contents, email Patricia Martin directly at pmartin@oshpd.cahwnet.gov or call or fax her at the above numbers.

Sincerely,

Fred I. Johnson, Liaison
Rural Health Programs

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General Acute Care Hospitals in Rural and Non-rural Areas Summary of Selected Data - 1996 & 1997

Licensed general acute care hospitals in California prepare and file financial and utilization reports with the Office of Statewide Health Planning and Development (OSHPD). Utilization data is reported on an annual basis for a calendar year, and financial data for a fiscal year.

General acute care hospitals in rural areas (GACH-R) reporting to OSHPD totaled 77 in 1996 and 76 in 1997. In 1996, 423 general acute care hospitals in non-rural areas (GACH-NR) reported to OSHPD and 421 in 1997.

Appendix A contains a list of the general acute care hospitals that reported in each of the two years.

- Thirteen percent of the California population resides in rural Medical Service Study Areas, a sub-county geographic area defined by the Office of Statewide Health Planning and Development.
- Acute beds decreased for both GACH-R and GACH-NR by 4.3% between 1996 and 1997.
- Between 1996 and 1997, acute bed days decreased for GACH-R and GACH-NR by 1.6% and 3.0% respectively.
- Emergency room visits decreased by 2.3% for GACH-R while increasing clinic visits by 15.7% between 1996 and 1997.
- GACH-NR emergency room visits dropped by 2.4% for the same period.
- GACH-R without Rural Health Clinics (RHCs) experienced 30.1% more emergency room visits than did those with RHCs in 1996. In 1997 the difference was 47.5% more.
- Net patient revenue, as a percent of gross patient revenue, was the third party payor category for GACH-R (62.1%) and the other payor category for GACH-NR (50.1%) in 1996. In 1997, GACH-R posted the highest net patient revenue percentage in the "other"

payor category (62.9%), as did GACH-NR again (50.7%).

- GACH-R with RHCs did not show a significant difference in net patient revenue as a percent of gross patient revenue in any of the payor categories except the county category. Those GACH-R with RHCs sustained 45.9% of the gross county revenue as opposed to GACH-R without RHCs netting only 31.6% of its gross county revenue in 1996.
- In 1997, GACH-R without RHCs were able to net 50.5% of county gross patient revenue, though only 32.3% of gross county patient revenue remained for GACH-R with RHCs.
- Gross and net patient revenue by payor category as a percent of *total* gross and *total* net patient revenue was stable between 1996 and 1997.
- Total gross patient revenue for GACH-NR increased 6% in 1997 from 1996; however, total net patient revenue increased by only 1.9%. For every \$1 increase in gross patient revenue, GACH-NR only received \$.32.
- GACH-R total gross patient revenue increased 5.1% and total net patient revenue increased 2.5%. For every \$1 increase in gross patient revenue, GACH-R netted \$.49.
- Total inpatient days decreased slightly for both GACH-R and GACH-NR between 1996 and 1997.
- Net inpatient revenue per day for both GACH-NR and GACH-R were stable between 1996 and 1997, although it was much higher for GACH-NR (\$1446) than for GACH-R (\$670) in 1997 and 1996.
- Net outpatient revenue per visit for GACH-R (\$163) and GACH-NR (\$182) were equivalent in 1997 and 1996.

General Acute Care Hospitals in Rural and Non-rural Areas Comparison of 1996 & 1997 Data

California Population

- The percentage of the California population (1990 U.S. Census) that resides in rural areas is 13% and non-rural is 87%. Rural general acute care hospitals (GACH-R) account for 15.0% of all general acute care hospitals (*Figure 1*).

General Acute Care Hospitals in Rural & Non-rural Areas and California Population

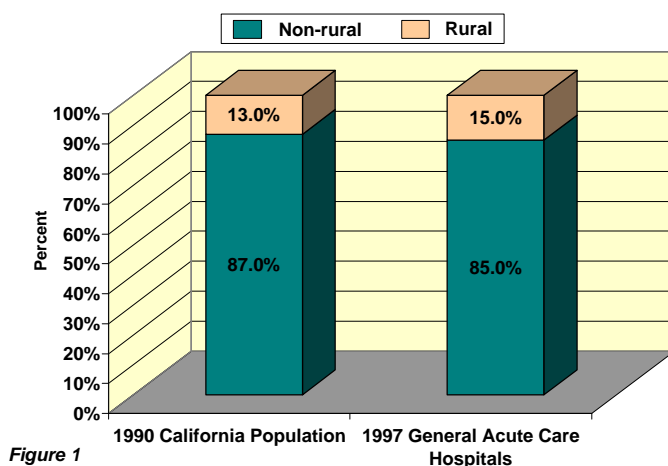


Figure 1

Acute Beds

- Although GACH-R have only 4.7% of all acute beds, they are located in rural areas where 13% of the total California population lives.

General Acute Care Hospitals in Rural & Non-rural Areas Acute Beds - 1996 & 1997

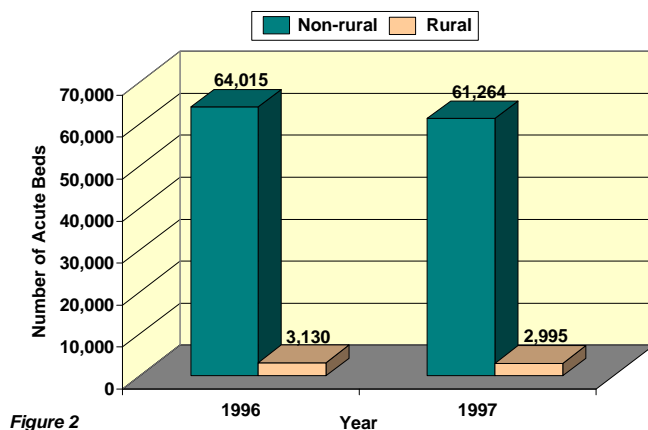


Figure 2

- Figure 2* shows that the number of acute beds decreased for both GACH-R and GACH-NR by 4.3% between 1996 and 1997.

Acute Bed Days

- Although acute bed days decreased for both GACH-NR (1.6%) and GACH-R (3.0%) in 1997, the proportion of rural and non-rural to total acute bed days remained the same (GACH-NR 96.4%; GACH-R 3.6%) (see *Figure 3*).

General Acute Care Hospitals in Rural & Non-rural Areas Acute Bed Days - 1996 & 1997

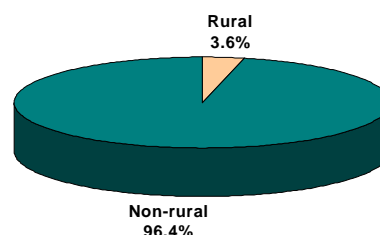


Figure 3

Number of Acute Bed Days

	1996	1997
Rural	399,214	387,212
Non-rural	10,560,467	10,391,791

Emergency Room and Clinic Visits

- Between 1996 and 1997, emergency room visits decreased by 2.3% for GACH-R. Those hospitals showed a substantial 15.7% increase in clinic visits.
- GACH-NR dropped 2.4% in emergency room visits between 1996 and 1997 (*Figure 4*).
- Since the number of GACH-R with and without RHCs in 1996 (39, 38) and 1997 (38, 38) was nearly equal, a further analysis of emergency room and clinic visits in GACH-R with and without RHCs is displayed in *Figure 5*.
- GACH-R without RHCs in 1996 experienced 30.1% more emergency room visits than did those with RHCs. The Figure for 1997 was even greater; 47.5% more. In addition, emergency room visits for GACH-R with RHCs decreased 11.2% between 1996 and 1997.

General Acute Care Hospitals in Rural and Non-rural Areas

General Acute Care Hospitals in Rural & Non-rural Areas Emergency Room and Clinic Visits

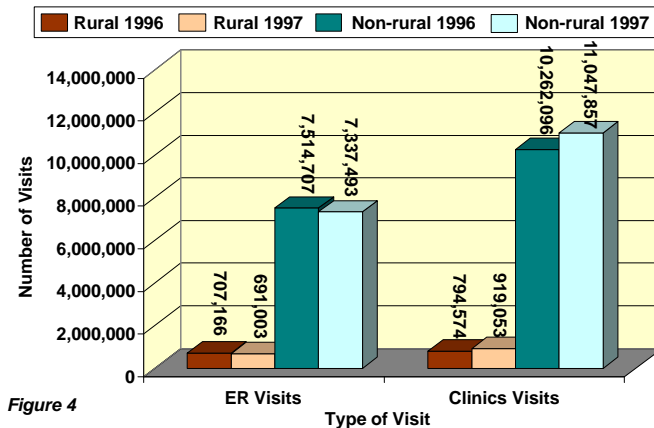


Figure 4

General Acute Care Hospitals in Rural Areas with and without Rural Health Clinics Emergency Room & Clinic Visits 1996 & 1997

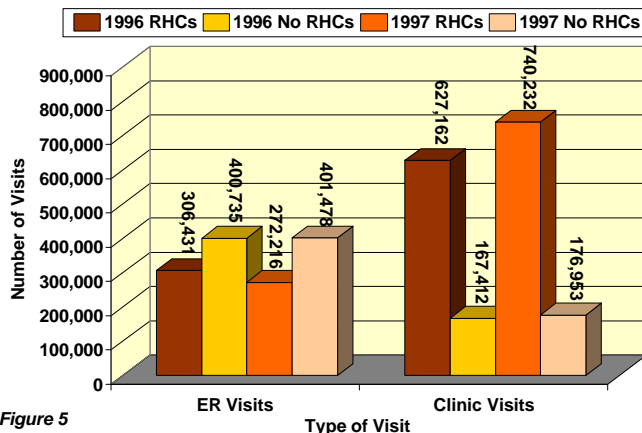


Figure 5

Gross and Net Patient Revenue

- Figure 6 shows gross and net patient revenue for each payor category for GACH-NR in 1996 and 1997.
- Table 1 shows net patient revenue as a percentage of gross patient revenue for each payor category.
- In 1996, the category in which GACH-NR were afforded the highest net patient revenue by percentage was "other" (50.1%) followed by third party (46.2%). In 1997, the highest percentage net patient revenue was in "other" (50.7%) followed by Medi-Cal (46.7%).

General Acute Care Hospitals in Non-rural Areas Gross and Net Patient Revenue

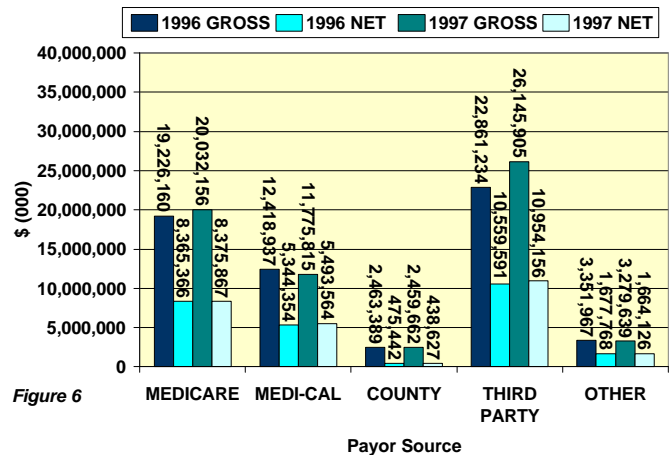


Figure 6

	MEDICARE	MEDI-CAL	COUNTY	THIRD PARTY	OTHER
1996	43.5%	43.0%	19.3%	46.2%	50.1%
1997	41.8%	46.7%	17.8%	41.9%	50.7%

- Figure 7 depicts GACH-R gross and net patient revenue for each payor category in 1996 and 1997. Net patient revenue is shown as a percentage of gross patient revenue in Table 2.
- It doesn't appear that there was a notable difference between 1996 and 1997 in any of the payor categories.

General Acute Care Hospitals in Rural Areas Gross and Net Patient Revenue by Payor Source - 1996 & 1997

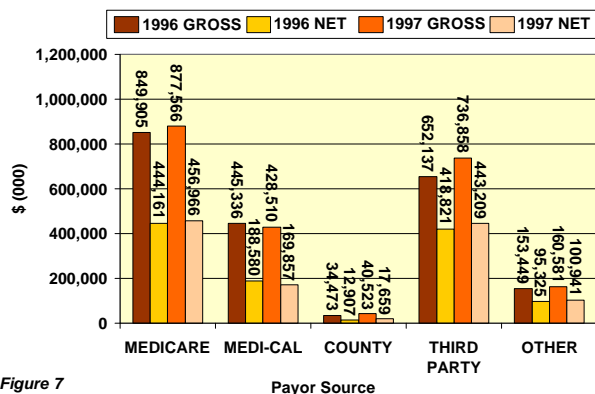


Figure 7

	MEDICARE	MEDI-CAL	COUNTY	THIRD PARTY	OTHER
1996	52.3%	42.3%	37.4%	64.2%	62.1%
1997	52.1%	39.6%	43.6%	60.1%	62.9%

Rural Hospitals and Rural Health Clinics

- Table 3 illustrates the difference between hospitals with RHCs and those without RHCs in net patient revenue as a percentage of gross patient revenue by payor category for 1996 and 1997. GACH report clinic activity on the hospital report.

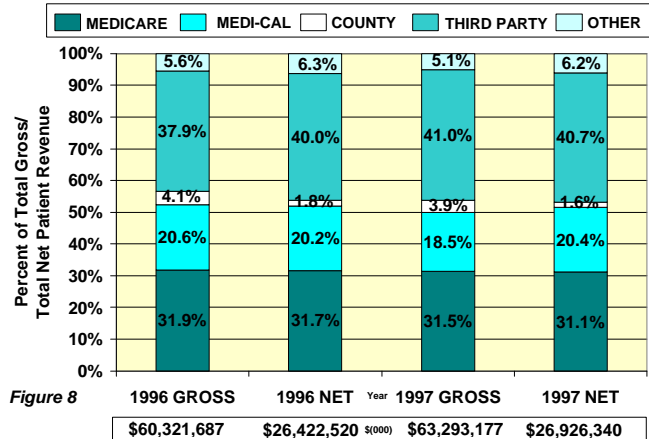
	MEDICARE	MEDI-CAL	COUNTY	THIRD PARTY	OTHER
1996 RHCs	51.8%	42.1%	45.9%	72.7%	52.6%
1996 No RHCs	52.6%	42.6%	31.6%	59.8%	69.1%
1997 RHCs	52.6%	41.4%	32.3%	65.7%	60.3%
1997 No RHCs	52.2%	38.8%	50.5%	57.5%	65.8%

- 1996** The greatest differences between net as a percent of gross when comparing RHC and No RHC hospitals occurred in the county, third party, and "other" categories. In the county and third party categories, the net percentage was higher for RHC hospitals than for No RHC hospitals. The reverse was the case between RHC and non-RHC hospitals for the "other" payor category. Notwithstanding cost-based reimbursement received by RHC hospitals, there does not appear to be a significant difference as would be expected in the Medi-Cal category.
- 1997** Medicare and Medi-Cal net percentages remained static into 1997. However, county net patient revenue increased as a percent of gross patient revenue by 18.9 percentage points for GACH-R without RHCs (31.6% to 50.5%), but decreased for GACH-R with RHCs (13.4 percentage points). The "other" category results were the reverse, where GACH-R without RHCs showed a greater net percentage than those with RHCs.
- The third party payor source showed a larger net revenue percentage in both years for GACH-R with RHCs than those without RHCs.

Payor Source/Total Patient Revenue

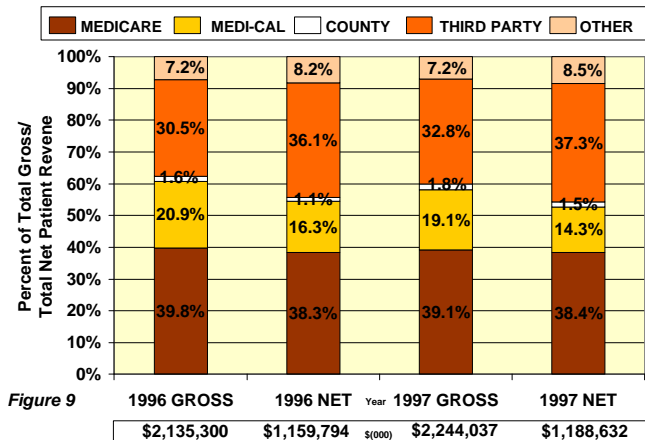
- GACH-NR categorical gross and net Figures, as a percent of total gross and total net patient revenue, were lower in the Medicare, Medi-Cal, and "other" categories, although higher in the county and third party categories (*Figure 8*).

General Acute Care Hospitals in Non-rural Areas Payor Category as Percent of Total Gross and Total Net Patient Revenue



- Figure 9 depicts the percentage of total gross and total net patient revenue generated by each of the payor categories for GACH-R in 1996 and 1997.

General Acute Care Hospitals in Rural Areas Payor Category as Percent of Total Gross and Total Net Patient Revenue 1996 & 1997



- Medicare gross and net patient revenue accounted for essentially the same percentage of total gross and total net patient revenue in 1996 and 1997.

General Acute Care Hospitals in Rural and Non-rural Areas

- Variations occurred when the percent of total net patient revenue for the third party category was higher than total gross patient revenue for the third party category in both 1996 and 1997. The same occurred in 1997 where net patient revenue was higher than gross for the "other" category.

Patient Days/Net Revenue

- Total inpatient days for GACH-R and GACH-NR decreased between 1996 and 1997 (Table 4).

Table 4 - Rural and Non-rural General Acute Care Hospitals Total Inpatients Days - 1996 & 1997			
	1996	1997	Pct Chg
Rural	1,012,013	1,007,351	-0.4
Non-rural	14,056,015	14,013,270	-0.3

- Net inpatient revenue per day was significantly lower for GACH-R than for GACH-NR. Both hospital categories showed a slight increase in net inpatient revenue per day between 1996 and 1997. However, GACH-R generated only 46% of the net inpatient revenue that GACH-NR generated (Figure 10).

General Acute Care Hospitals in Rural and Non-rural Areas Net Inpatient Revenue Per Day 1996 & 1997

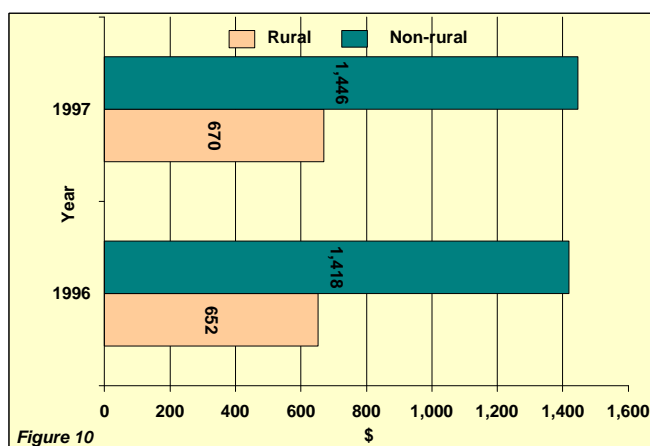


Figure 10

Patient Visits/Net Revenue

- Outpatient visits for GACH-R and GACH-NR are compiled in Table 5. GACH-R and GACH-NR both experienced a gain in total outpatient visits between 1996 and 1997.

- Net outpatient revenue per visit was 11.7% and 15.4% higher for GACH-NR than for GACH-R in 1996 and 1997 (Figure 11).

Table 5 - Rural and Non-rural General Acute Care Hospitals Total Outpatient Visits - 1996 & 1997			
	1996	1997	Pct Chg
Rural	3,083,847	3,143,419	1.9
Non-rural	34,768,228	36,526,780	5.1

- Of particular interest is that 43% of GACH-R net patient revenue was derived from outpatient visits.

General Acute Care Hospitals in Rural and Non-rural Areas Net Outpatient Revenue Per Visit 1996 & 1997

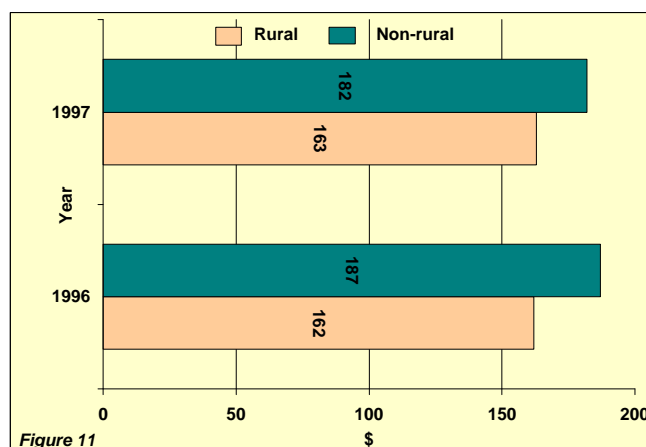


Figure 11

Appendix A

General Acute Care Hospitals in Rural Areas Reporting to OSHPD in 1996

ALTA HOSPITAL DISTRICT	DINUBA
AVALON MUNICIPAL HOSPITAL & CLINIC	AVALON
BARSTOW COMMUNITY HOSPITAL	BARSTOW
BARTON MEMORIAL HOSPITAL	SOUTH LAKE TAHOE
BEAR VALLEY COMMUNITY HOSPITAL	BIG BEAR LAKE
BIGGS-GRIDLEY MEMORIAL HOSPITAL	GRIDLEY
BLOSS MEMORIAL DISTRICT HOSPITAL	ATWATER
CHOWCHILLA DISTRICT MEMORIAL HOSP	CHOWCHILLA
COALINGA REGIONAL MEDICAL CENTER	COALINGA
COLUSA COMMUNITY HOSPITAL	COLUSA
CORCORAN DISTRICT HOSPITAL	CORCORAN
DEL PUERTO HOSPITAL	PATTERSON
DOS PALOS MEMORIAL HOSPITAL	DOS PALOS
EASTERN PLUMAS DISTRICT HOSPITAL	PORTOLA
FALLBROOK HOSPITAL DISTRICT	FALLBROOK
FRANK R HOWARD MEMORIAL HOSPITAL	WILLITS
GEORGE L. MEE MEMORIAL HOSPITAL	KING CITY
GLENN MEDICAL CENTER	WILLOWS
HANFORD COMMUNITY HOSPITAL	HANFORD
HAZEL HAWKINS MEMORIAL HOSPITAL	HOLLISTER
HEALDSBURG GENERAL HOSPITAL	HEALDSBURG
HI-DESERT MEDICAL CENTER	JOSHUA TREE
INDIAN VALLEY HOSPITAL	GREENVILLE
INLAND VALLEY REGIONAL MED CEN	WILDOMAR
JOHN C FREMONT HOSPITAL	MARIPOSA
KERN VALLEY HOSPITAL	LAKE ISABELLA
KINGSBURG MEDICAL HOSPITAL	KINGSBURG
LASSEN COMMUNITY HOSPITAL	SUSANVILLE
LINDSAY DISTRICT HOSPITAL	LINDSAY
LOMPOC DISTRICT HOSPITAL	LOMPOC
LOS BANOS COMMUNITY HOSPITAL	LOS BANOS
MAMMOTH HOSPITAL	MAMMOTH LAKES
MARK TWAIN ST. JOSEPH'S HOSP	SAN ANDREAS
MARSHALL HOSPITAL	PLACERVILLE
MAYERS MEMORIAL HOSPITAL	FALL RIVER MILLS
MEMORIAL HOSPITAL AT EXETER	EXETER
MENDOCINO COAST DISTRICT HOSP	FORT BRAGG
MERCY HOSPITAL OF MT. SHASTA	MT. SHASTA
MODOC MEDICAL CENTER	ALTURAS
MOUNTAINS COMMUNITY HOSPITAL	LAKE ARROWHEAD
NEEDLES-DESERT COMMUNITIES HOSP	NEEDLES
NEWHALL COMMUNITY HOSPITAL	NEWHALL
NORTHERN INYO HOSPITAL	BISHOP
OAK VALLEY DISTRICT HOSPITAL	OAKDALE
OJAI VALLEY COMMUNITY HOSPITAL	OJAI
PALM DRIVE HOSPITAL	SEBASTOPOL
PALO VERDE HOSPITAL	BLYTHE
PLUMAS DISTRICT HOSPITAL	QUINCY
REDBUD COMMUNITY HOSPITAL	CLEARLAKE HIGHLANDS
REDWOOD MEMORIAL HOSPITAL	FORTUNA
RIDGECREST COMMUNITY HOSP	RIDGECREST
SAN GORGONIO MEMORIAL HOSP	BANNING
SANGER GENERAL HOSPITAL	SANGER
SANTA YNEZ VALLEY COTTAGE HOSP	SOLVANG
SELMA DISTRICT HOSPITAL	SELMA
SENECA HOSPITAL	CHESTER
SETON MEDICAL CENTER - COASTSIDE	MOSS BEACH
SIERRA KINGS HOSPITAL	REEDLEY
SIERRA NEVADA MEMORIAL HOSP	GRASS VALLEY
SIERRA VALLEY DISTRICT HOSP	LOYALTON
SIERRA VIEW DISTRICT HOSPITAL	PORTERVILLE
SISKIYOU GENERAL HOSPITAL	YREKA
SONORA COMMUNITY HOSPITAL	SONORA
SOUTHERN HUMBOLDT COMM HOSP	GARBERVILLE
SOUTHERN INYO HOSPITAL	LONE PINE
ST. ELIZABETH COMMUNITY HOSPITAL	RED BLUFF
SURPRISE VALLEY COMMUNITY HOSP	CEDARVILLE

General Acute Care Hospitals in Rural Areas Reporting to OSHPD in 1996 (cont)

SUTTER AMADOR HOSPITAL	JACKSON
SUTTER COAST HOSPITAL	CRESCENT CITY
SUTTER-LAKESIDE COMMUNITY HOSPITAL	LAKEPORT
TAHOE FOREST HOSPITAL	TRUCKEE
TEHACHAPI HOSPITAL	TEHACHAPI
TRINITY GENERAL HOSPITAL	WEAVERVILLE
TUOLUMNE GENERAL HOSPITAL	SONORA
TWIN CITIES COMMUNITY HOSPITAL	TEMPLETON
UKIAH VALLEY MEDICAL CENTER-HOSP DR	UKIAH
WEST SIDE DIST HOSP & NURSING HOME	TAFT

General Acute Care Hospitals in Rural Areas Reporting to OSHPD in 1997

ALTA HOSPITAL DISTRICT	DINUBA
AVALON MUNICIPAL HOSPITAL & CLINIC	AVALON
BARSTOW COMMUNITY HOSPITAL	BARSTOW
BARTON MEMORIAL HOSPITAL	SO LAKE TAHOE
BEAR VALLEY COMMUNITY HOSPITAL	BIG BEAR LAKE
BIGGS-GRIDLEY MEMORIAL HOSPITAL	GRIDLEY
BLOSS MEMORIAL DISTRICT HOSPITAL	ATWATER
CHOWCHILLA DISTRICT MEMORIAL HOSP	CHOWCHILLA
COALINGA REGIONAL MEDICAL CENTER	COALINGA
COLORADO RIVER MEDICAL CENTER	NEEDLES
COLUSA COMMUNITY HOSPITAL	COLUSA
CORCORAN DISTRICT HOSPITAL	CORCORAN
DEL PUERTO HOSPITAL	PATTERSON
DOS PALOS MEMORIAL HOSPITAL	DOS PALOS
EASTERN PLUMAS DISTRICT HOSPITAL	PORTOLA
FAIRCHILD MEDICAL CENTER	YREKA
FALLBROOK HOSPITAL DISTRICT	FALLBROOK
FRANK R HOWARD MEMORIAL HOSPITAL	WILLITS
GEORGE L. MEE MEMORIAL HOSPITAL	KING CITY
GLENN MEDICAL CENTER	WILLOWS
HANFORD COMMUNITY HOSPITAL	HANFORD
HAZEL HAWKINS MEMORIAL HOSPITAL	HOLLISTER
HEALDSBURG GENERAL HOSPITAL	HEALDSBURG
HI-DESERT MEDICAL CENTER	JOSHUA TREE
INDIAN VALLEY HOSPITAL	GREENVILLE
INLAND VALLEY REGIONAL MEDICAL CENTER	WILDOMAR
JOHN C FREMONT HEALTHCARE DISTRICT	MARIPOSA
KERN VALLEY HOSPITAL	LAKE ISABELLA
KINGSBURG MEDICAL HOSPITAL	KINGSBURG
LASSEN COMMUNITY HOSPITAL	SUSANVILLE
LINDSAY DISTRICT HOSPITAL	LINDSAY
LOMPOC DISTRICT HOSPITAL	LOMPOC
LOS BANOS COMMUNITY HOSPITAL	LOS BANOS
MAMMOTH HOSPITAL	MAMMOTH LAKES
MARK TWAIN ST. JOSEPH'S HOSPITAL	SAN ANDREAS
MARSHALL HOSPITAL	PLACERVILLE
MAYERS MEMORIAL HOSPITAL	FALL RIVER MILLS
MEMORIAL HOSPITAL AT EXETER	EXETER
MENDOCINO COAST DISTRICT HOSPITAL	FORT BRAGG
MERCY HOSPITAL OF MT. SHASTA	MT. SHASTA
MODOC MEDICAL CENTER	ALTURAS
MOUNTAINS COMMUNITY HOSPITAL	LK ARROWHEAD
NEWHALL COMMUNITY HOSPITAL	NEWHALL
NORTHERN INYO HOSPITAL	BISHOP
OAK VALLEY DISTRICT HOSPITAL	OAKDALE
OJAI VALLEY COMMUNITY HOSPITAL	OJAI
PALM DRIVE HOSPITAL	SEBASTOPOL
PALO VERDE HOSPITAL	BLYTHE
PLUMAS DISTRICT HOSPITAL	QUINCY
REDBUD COMMUNITY HOSPITAL	CLEARLAKE
REDWOOD MEMORIAL HOSPITAL	FORTUNA
RIDGECREST COMMUNITY HOSPITAL	RIDGECREST
SAN GORGONIO MEMORIAL HOSPITAL	BANNING
SANGER GENERAL HOSPITAL	SANGER
SANTA YNEZ VALLEY COTTAGE HOSP	SOLVANG

**General Acute Care Hospitals in Rural Areas
Reporting to OSHPD in 1997 (cont)**

SELMA DISTRICT HOSPITAL	SELMA
SENECA HOSPITAL	CHESTER
SETON MEDICAL CENTER - COASTSIDE	MOSS BEACH
SIERRA KINGS DISTRICT HOSPITAL	REEDLEY
SIERRA NEVADA MEMORIAL HOSPITAL	GRASS VALLEY
SIERRA VALLEY DISTRICT HOSPITAL	LOYALTON
SONORA COMMUNITY HOSPITAL	SONORA
SOUTHERN HUMBOLDT COMM HOSP	GARBERVILLE
SOUTHERN INYO HOSPITAL	LONE PINE
ST. ELIZABETH COMMUNITY HOSPITAL	RED BLUFF
SURPRISE VALLEY COMMUNITY HOSP	CEDARVILLE
SUTTER AMADOR HOSPITAL	JACKSON
SUTTER COAST HOSPITAL	CRESCENT CITY
SUTTER LAKESIDE HOSPITAL	LAKEPORT
TAHOE FOREST HOSPITAL	TRUCKEE
TEHACHAPI HOSPITAL	TEHACHAPI
TRINITY GENERAL HOSPITAL	WEAVERVILLE
TUOLUMNE GENERAL HOSPITAL	SONORA
TWIN CITIES COMMUNITY HOSPITAL	TEMPLETON
UKIAH VALLEY MEDICAL CTR-HOSP DR	UKIAH
WEST SIDE DISTRICT HOSPITAL	TAFT